

EXHIBIT E

ZYPREXA LONG TERM CARE

**IMPLEMENTATION
GUIDE**

DATA FOR 2001 SALES AID

For your information ONLY; not for use in detailing.



Lilly

TABLE OF CONTENTS

TABLE OF CONTENTS

Strategy Overview 1

Long Term Care Detail 2

Short Message Situations 11

Data on Demand 12

Objection Handling 15



For your information ONLY; not for use in detailing.

STRATEGY OVERVIEW

STRATEGY OVERVIEW

The ZYPREXA Long Term Care message strategy is evolving in response to customer feedback. However, stabilizing symptoms and behaviors, maintenance of response, and safety continue to be the main drivers of the business in this setting. Message recall data indicates that we have been effective in getting both the efficacy and safety messages across to our customers. Now is the time to differentiate ZYPREXA as the product that stabilizes symptoms and behaviors safely.

The availability of comparative data versus a major competitor and the decision of the FDA to approve ZYPREXA for maintenance therapy in schizophrenia have opened a window of opportunity for us to differentiate ourselves from the competitors. Long Term Care customers are impressed with the comparative data and the fact that ZYPREXA is the first and only psychotropic to receive an indication for maintenance therapy. After all, customers are not only interested "in getting Rose better, but in keeping her better."

To effectively differentiate from the competition in both efficacy and safety, we must concentrate on the message of stabilizing symptoms and behaviors to position our product in customers' minds. Remember, we have the data to back these efficacy and safety claims, and these claims will drive business.

We want our long term care customers to believe 2 main points:

- ZYPREXA stabilizes symptoms and behaviors safely
- ZYPREXA gets patients like Rose better and keeps them better

Our Strategy

Our goal is to encourage doctors to try ZYPREXA in patients similar to the one we profile, Rose Jackson. In this way, doctors can see for themselves that ZYPREXA stabilizes symptoms and behaviors safely. They will be able to see for themselves that ZYPREXA makes patients like Rose better and keeps them better.



For your information ONLY; not for use in detailing.

LONG TERM CARE DETAIL

In order to help our customers believe our 2 main points, we have developed a new detail piece. It contains comparative data vs risperidone, and flows differently from our previous pieces. This message has been carefully crafted and tested to ensure that it accomplishes the following goals.

PURPOSE OF THE PIECE

- To provide the LTC team with a focused and effective message that results in action.
- To inspire our sales representatives to create a dialogue with the customer, the healthcare professional, and customize the message based on his/her knowledge and questions.
- To ensure that our customers understand the excellent product profile of ZYPREXA.
- To disseminate implementation best practices from LTC Premier Council Members.

In order to meet the fourth goal, please send your implementation best practices to your LTC Premier Council Member so we can share the learning via future implementation guides. Your LTC Brand Team is committed to ensuring that you have what you need to be successful!

**THE DETAIL PIECE IS NOT
TO BE LEFT BEHIND OR
GIVEN TO CUSTOMERS!**



For your information ONLY; not for use in detailing.



PATIENT PROFILE—ROSE

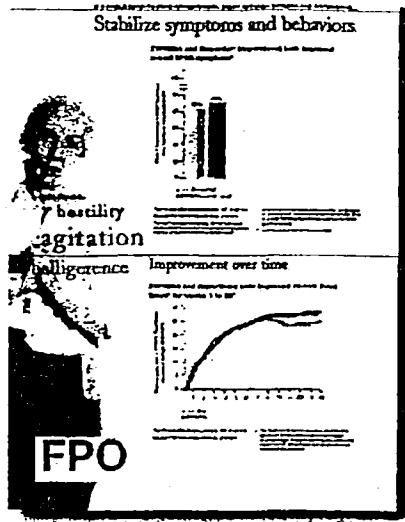
- Identify patient, Rose, and highlight her current symptomatology, clinical observations, and diagnosis.
- Depending on the setting, different symptoms may be highlighted.

Suggested Probes

- What are your goals of therapy for a patient like Rose?
- Doctor, what are you currently using with your patients like Rose?
- What kind of results are you seeing?
- Doctor, does it make sense to use ZYPREXA as a first choice for a patient like Rose, since ZYPREXA helps to safely stabilize symptoms and behaviors such as agitation, anxiety, hostility, delusions, and resistance to care?
- Doctor, if I were to show you some comparative data between ZYPREXA and another product that you are using, would you be more comfortable prescribing ZYPREXA for your patients like Rose?

Market Research

- Do not make Rose sound like an emergency patient. This will make the physician think about immediate efficacy and prescribe an IM such as Haldol or Ativan.
- The goal is to stabilize the patient's symptoms and behaviors by using a medication that is safe.



PAGE 1

TOP OF PAGE

- Doctor, this data comes from a head-to-head clinical study of 339 patients, which compared ZYPREXA vs risperidone.
- The study found that there was no difference between ZYPREXA and risperidone in stabilizing these symptoms and behaviors. (Point to symptoms.)

BOTTOM OF PAGE

- In looking at both groups' improvement scores, the study also found that both ZYPREXA and risperidone had a similar onset of action. Actually, they saw ZYPREXA beginning to separate after the sixth week. Bottom line, Doctor, it looks like both drugs had a comparable onset of action, doesn't it?

Suggested Probe

- How is this consistent with your current treatment regimen for Rose?

Market Research

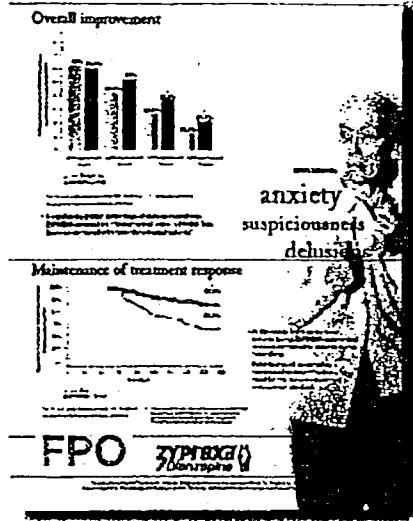
- Many of our customers are not familiar with BPRS, so they appreciate when we use descriptors such as "agitation, hostility, and anger."
- Physicians do not respond well to "bashing the competition," but they do appreciate when sales representatives show comparative data between their product and a competitor.
- Some customers perceive risperidone to have better efficacy and "faster" onset of action than ZYPREXA, which is not consistent with the head-to-head data.
- The goal of the first page is to level the playing field and make the physician say; "Wow, ZYPREXA stabilizes symptoms and behaviors and has the same onset of action as risperidone."

Transitional Statement

- I would like to show you how the data on ZYPREXA differentiates from risperidone.



For your information ONLY; not for use in detailing.



PAGE 2

TOP OF PAGE

- The study found a difference between ZYPREXA and risperidone with those patients who responded. This graph segments patients who had a 20%, 30%, 40%, and 50% improvement.
- When you look at those patients who had 30%, 40%, and 50% improvement, ZYPREXA stabilized symptoms and behaviors more often than risperidone.
- ZYPREXA began to separate at 30%, and at 40% and 50% it was statistically significantly better than risperidone in reducing symptoms such as anxiety, suspiciousness, and delusions.
- Doctor, does this make you more comfortable in choosing ZYPREXA for a patient like Rose, since this data suggests that you may be able to stabilize symptoms and behaviors such as anxiety, aggression, and suspiciousness?
- What additional information would demonstrate to you that ZYPREXA stabilizes symptoms and behaviors?

Transitional Statement

- Doctor, would you agree that you are not only trying to get a patient like Rose better, but also keep her better?

BOTTOM OF PAGE

- In the same head-to-head study, physicians found that those patients who were on ZYPREXA were able to maintain their response to the medication at a higher rate than those on risperidone. Patients on ZYPREXA maintained their response at a rate of 88% for up to 28 weeks. This was 20% better than risperidone. Doctor, does it make sense that treatment is not about just getting them better, but keeping them better?
- This clinical study showed that ZYPREXA helps patients such as Rose get better, because it stabilizes her symptoms and behaviors such as anxiety, aggression and suspiciousness, and ZYPREXA keeps Rose better over time. This is why the indication for ZYPREXA has been expanded to include maintenance treatment.

1/3 of pts
on Risperidone
experienced
relapse

Transitional Statement

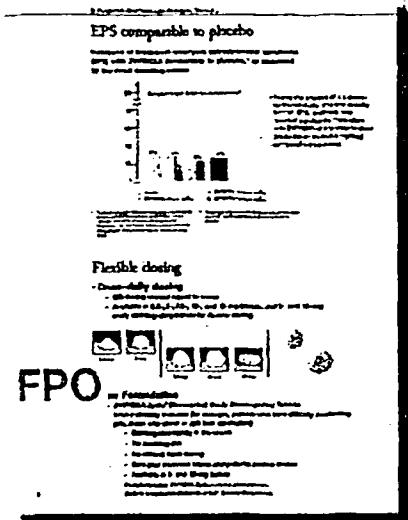
- How important is this type of data for you?

MARKET RESEARCH

- Some customers do not understand the difference between PANSS and BPRS. BPRS focuses mainly on positive symptoms, whereas PANSS looks at broader symptom coverage (ie, positive, negative, depressive, and cognitive symptoms).
- Many of our customers are not familiar with PANSS, so they appreciate when we use the descriptors such as "anxiety, suspiciousness, and delusions."
- The impact of 20%, 30%, 40%, and 50% improvement must be explained to physicians in terms of what this improvement means to the patient.
- If positioned correctly, in terms of what it means to Rose, physicians respond extremely well to these 2 graphs, especially the graph containing the maintenance data.
- The goal of the second page is not to "bash" our competitors, but to differentiate ZYPREXA from risperidone.



For your information ONLY; not for use in detailing.



PAGE 3

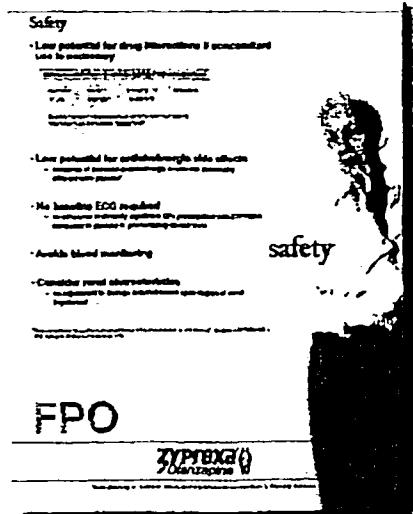
- Doctor, now that you have seen that ZYPREXA can stabilize Rose's symptoms and behaviors, let's look at the safety of ZYPREXA.
- Possibly the biggest safety concern is EPS/TD. Doctor, whether your patient needs a higher or lower dose of ZYPREXA, the risk for EPS is low. Unlike some of the products on the market today, ZYPREXA does not appear to have dose-dependent EPS.
- The once-daily dosing allows staff to administer ZYPREXA without regard to meals. Wouldn't your staff appreciate the ease of use ZYPREXA offers?
- Dosages available are 2.5-, 5-, 7.5-, 10-, and 15-mg tablets. Now you also have ZYPREXA Zydis® Orally Disintegrating Tablets for those patients who have problems swallowing pills, and those who cheek and spit their medication.
- Bottom line: ZYPREXA has dosing flexibility because you do not have to worry about dose-dependent EPS.

Suggested Probe

- Doctor, wouldn't you agree that ZYPREXA offers you true dosing flexibility? Do you have this option with products you are currently using?

Market Research

- Many of our customers were not aware that ZYPREXA had "efficacy uncompromised by excessive dose-related side effects."
- EPS is one of the major safety concerns that our customers have.



PAGE 4

- For patients like Rose who might be on multiple medications, drug interactions can be a big concern. Adding some medications might further complicate their medical state. However, the pharmacokinetics of ZYPREXA show very little potential for P450 inhibition, meaning that interaction risk is very low. So, for your patients who are taking other medications, you can safely add ZYPREXA.
- ZYPREXA has a low potential for anticholinergic side effects. For example, physicians found that the rate for constipation among patients treated with ZYPREXA was not statistically different from placebo-treated patients. Consequently, because of the favorable overall side effect profile, ZYPREXA may be a good alternative for patients at risk for these side effects.

- Cardiac adverse events are also a major concern. With ZYPREXA, there was no evidence of clinically significant QTc prolongation or other ECG changes in clinical trials.
- Another reason why ZYPREXA is easy to use is that no additional blood monitoring is required.
- The package insert for ZYPREXA states that no dose adjustment for renally impaired patients is required. So, if you have patients with this type of medical situation, ZYPREXA may have some advantages under these circumstances.
- Bottom line: ZYPREXA stabilizes symptoms and behaviors safely.



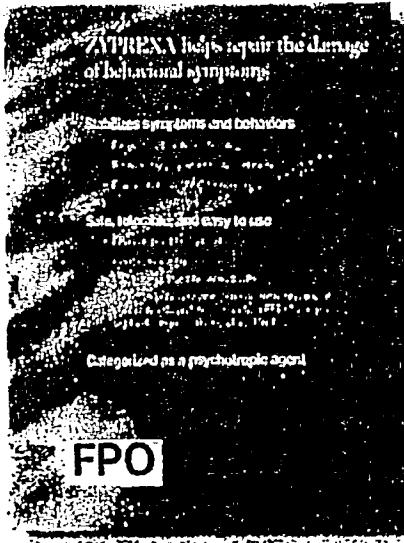
For your information ONLY; not for use in detailing.

Suggested Probe

- Doctor, what additional data would you need to see in order to demonstrate that ZYPREXA stabilizes symptoms and behaviors safely?
- What has been your experience with the safety profiles of other products in these patients?

Market Research

- Safety or "doing no harm" is a critical reason why customers choose a product.
- Drug interactions are the number one safety concern our customers have.



PAGE 5

- **C Cash in valuable chips**

Example: Doctor, you agreed that maintaining response in a patient like Rose is important. I was able to show you data from a head-to-head study which demonstrated that ZYPREXA outperformed risperidone in several respects.

- **A Take action statement**

Example: Based on the information I have shown you, does this data make a case for you to use ZYPREXA instead of risperidone in a patient like Rose?

- **P Proposal (Must be an A or B option)**

Example: Doctor, how can I make this easier for you?

- **S Summary (What will you do? What will the MD do? What is the time frame to get it done?)**

• Doctor, I would also like to make you aware of the fact that ZYPREXA is classified by the FDA as a psychotropic, because ZYPREXA is more than just an atypical antipsychotic.

• Though OBRA Guidelines have not yet been impacted by this change yet, patients and families tell us that the psychotropic classification has less stigma than an antipsychotic does.

SHORT MESSAGE SITUATIONS

SHORT MESSAGE SITUATIONS

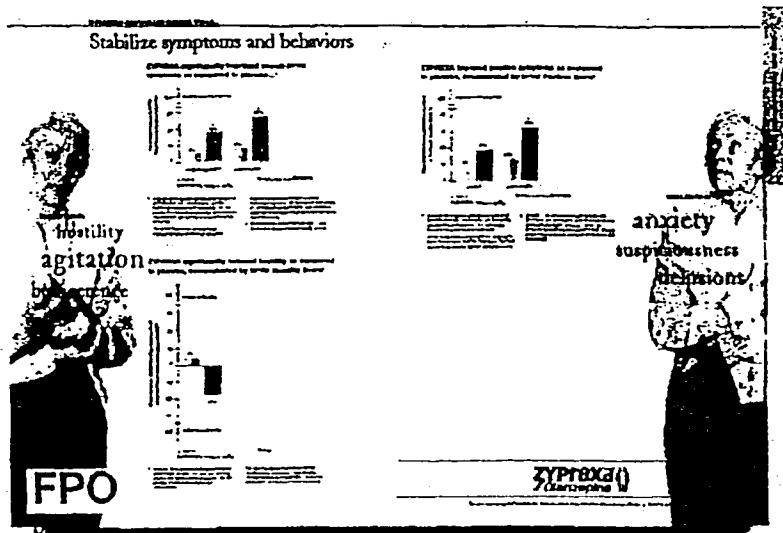
Market Research

We received positive responses from our customers who participated in Market Research for this new detail piece. This demonstrates the advantage of delivering a focused message that helps customers see that ZYPREXA stabilizes symptoms and behaviors safely. Higher message impact, higher recall of specific points (ie, maintenance, drug/drug interactions) and overall message recall were observed with this message.

- Patient profile
- Front cover
- Back cover
- Probe for an area of concern and/or follow up on the customer's previous commitment
- Respond to areas of concern
- Close using the CAPS Process; give customer a ZYPREXA dosing card (OL17251)



For your information ONLY; not for use in detailing.

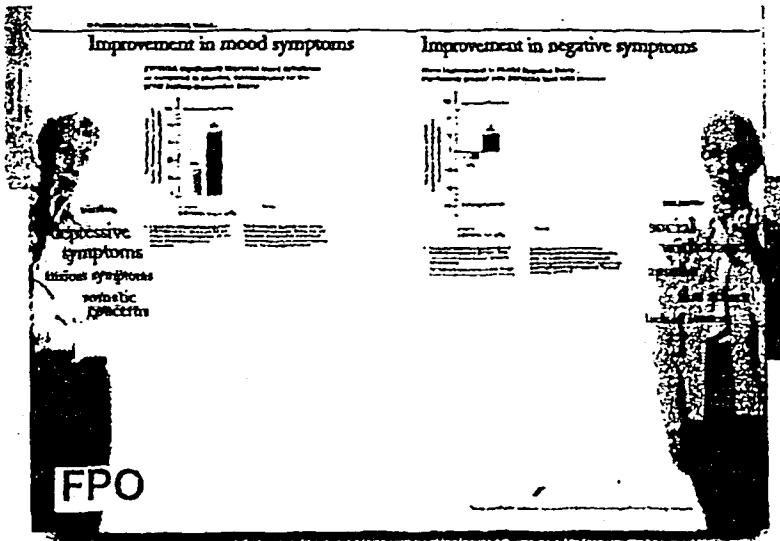
DATA ON DEMAND**DATA ON DEMAND****Placebo data (use only if doctor is not interested in seeing comparative data)**

- Let me show you how ZYPREXA stabilizes symptoms and behaviors safely.
- If you look at overall symptoms scores, ZYPREXA reduced symptoms within the first week and significantly reduced symptoms up to week 6.
- If you look at hostility specifically, a placebo-control group in one clinical study with several hundred patients showed no improvement in hostility at all. However, patients treated with ZYPREXA achieved an 18% mean reduction in hostility. So for those patients like Rose who might be throwing their trays or acting out other hostile behaviors with the staff, ZYPREXA may alleviate those symptoms.

- Doctor, not only do your patients need quick behavioral control, they also need control of their psychotic symptoms.
- If your patients are delusional, they may misperceive the caregiver as trying to harm them. ZYPREXA can reduce that anxiety and suspiciousness and these delusions so that the caregiver can work with them more easily and make them more amenable to care.



For your information ONLY; not for use in detailing.



DEPRESSIVE/NEGATIVE SYMPTOMS

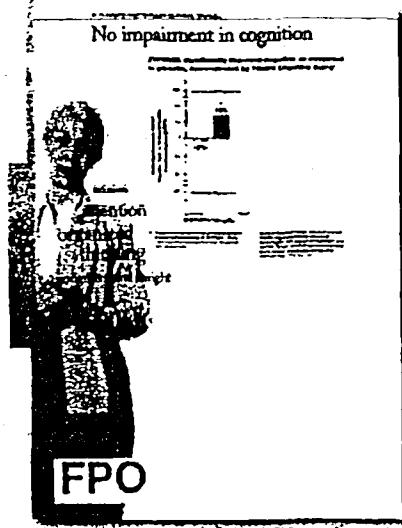
- ZYPREXA has many additional benefits for your patients, including stabilizing depressive and negative symptoms as well as behaviors.
- The data shown here reflects improvement in overall mood symptoms, including depressive symptoms, anxiety, and somatic concerns.
- ZYPREXA may afford your patients greater interest in interacting with their environment; and more willingness to participate in therapy, leave their rooms, eat with others in the dining room, and even bathe themselves.

Suggested Probe

- How does this data on the ability of ZYPREXA to improve mood and negative symptoms compare to your clinical experience?



For your Information ONLY; not for use in detailing.



COGNITION

- ZYPREXA provides other potential benefits: lack of cognitive impairment and possibly some cognitive improvement.
- In a clinical study, cognition was rated according to 7 parameters, including attention, organized thinking (ie, Can they process their thoughts?), and insight and judgment (Do they know they are ill?).
- Treatment with ZYPREXA offered significantly better cognitive results than placebo.



For your Information ONLY; not for use in detailing.

OBJECTION HANDLING**OBJECTION HANDLING
(DATA ON DEMAND)**

- For all areas of concern or objections, listen and then clarify first; Doctor, what do you mean by _____?
- Ask if this concern/objection comes from what the doctor has seen or heard.

Seen it

How many of your patients are on ZYPREXA?
How are they doing?

Out of total # on ZYPREXA, what # would have this problem if put on (name of competitor)?

So what # are doing okay?

What do you do about it?

↓
Share some facts.
↓

Onset of action

Ask how patient started/switched and how dose was titrated.

Ask what specific symptoms are not being controlled.

- Short-term supplementation.
- Short-term vs long-term.
- Statistical separation at week 1.
- Keeps getting better through 6 weeks.
- Medical letter responding to unsolicited question only.

Elderly patients

- 11% of patients (263/2500) in our clinical trials were over 65 years old.
- Overall incidence of side effects was similar in all age groups.
- Discontinuation rates due to side effects.
- Medical letter responding to unsolicited question only.

Heard it

Share some facts.

Cognition

- Anticholinergic SE comparable to placebo.
- Cognition data shows no impairment—schizophrenia patients actually show improvement.
- Medical letter responding to unsolicited question only.

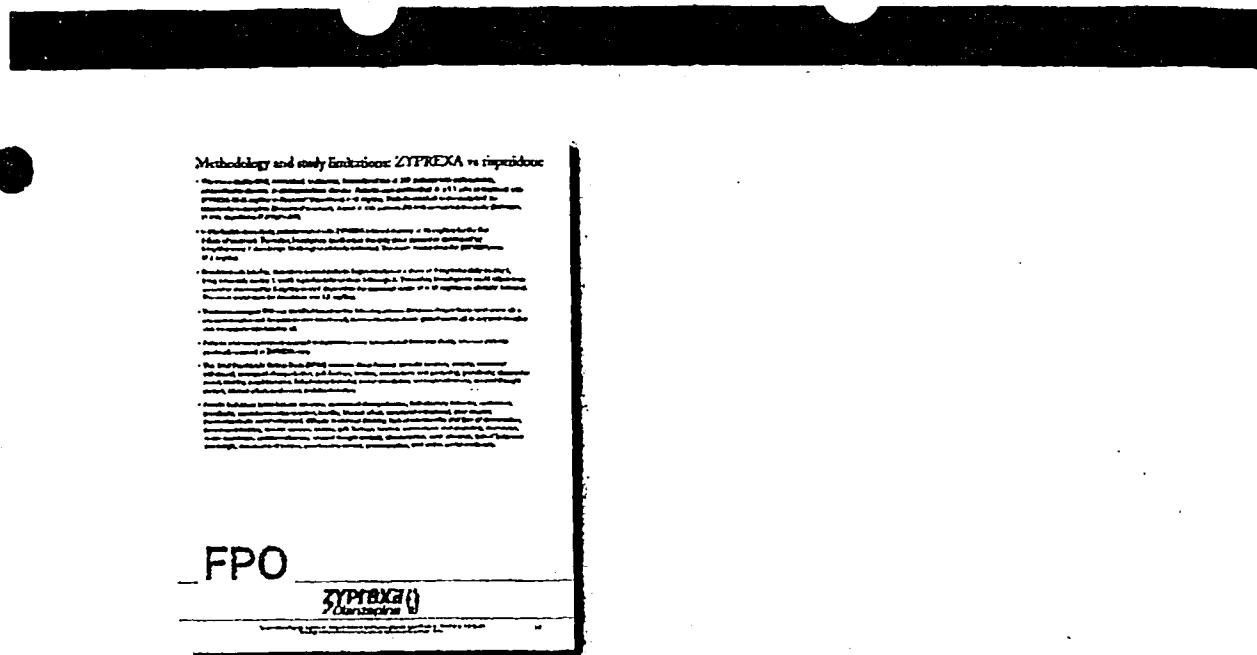
Sedation

- May offer a calming effect for patient.
- Usually transient over time.
- Medical letter responding to unsolicited question only.

Weight (must ask physician if this is a concern in treating patients such as Rose)

Observation from an extension of one of our clinical trials:

- The majority of patients taking ZYPREXA experienced modest or no weight gain.
- 70% of patients taking ZYPREXA either lost weight, remained stable, or gained up to 22 lb up to 3 years.
- For patients who gained weight while taking ZYPREXA, weight gain plateaued over time.
- Patients with higher BBMI values (>27.7) gained significantly less weight than patients with lower BBMI values (<27.7).
- Effect of dose on weight was not significant, suggesting that the most effective dose of ZYPREXA for a given patient may be administered without affecting weight gain.



Tran Data

- Refer to Methodology and Study Limitations page of sales aid.
- These patients were between the ages of 18-65.
- These were patients suffering from schizophrenia, schizoaffective disorder, or schizopreniform disorder.
- Doctor, can you extrapolate from this study population's symptoms and behaviors to the population you treat in your setting?

**Accidental injury for
nursing home patients
with Alzheimer's disease**

- Accidental injury = scratches, bumps, falls, bruises.
- In clinical studies of patients with Alzheimer's disease, discontinuation due to accidental injury: 1% for ZYPREXA and 0% for placebo.
- A greater percentage of patients treated with placebo had accidental injury than did those treated with either 5 or 10 mg/day of ZYPREXA.
- Only 15 mg/day recipients had a greater numerical incidence of accidental injury than with placebo, but the incidence was not statistically significant.



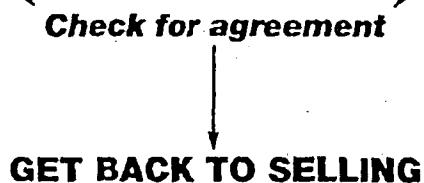
For your information ONLY; not for use in detailing.

**Abnormal gait for
nursing home patients
with Alzheimer's disease**

- In clinical studies of patients with Alzheimer's disease, discontinuation due to abnormal gait: 1% for ZYPREXA and 0% for placebo.
- Simpson-Angus scale used on 24 patients:
Improved: 3 patients on 5 mg/day
Worsened: 1 patient on 5 mg/day, 1 on 10 mg/day, and 4 on 15 mg/day.

**Somnolence for nursing home
patients with Alzheimer's disease**

- In clinical studies of patients with Alzheimer's disease, discontinuation due to somnolence: 3% for ZYPREXA and 0% for placebo (1 on 5 mg/day, 0 on 10 mg/day, 3 on 15 mg/day).
- Somnolence appears to be dose-related (25% for 5 mg/day and 10 mg/day, 36% for 15 mg/day).



*As with any CNS-active drug, olanzapine should be used with caution in elderly patients with dementia.

ZYPREXA
Olanzapine

For your information ONLY; not for use in detailing.



000000 PRINTED IN USA. 0000000 ©2000, ELI LILLY AND COMPANY. ALL RIGHTS RESERVED. Please see accompanying full Prescribing Information for ZYPREXA.

ZYPREXA is a registered trademark of Eli Lilly and Company.